

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 581428

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		3				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12	1					
13						
14						
15		3				
16		3				
17		6				
18						
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35						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
66						
67						
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69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87	1					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97	1					
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	90	←		←		←
TOTAL CLAIMS	97					